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PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number 09/606763					
Effective December 29, 1999											09		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN			
F	OR T	NUME	NUMBER FILED NUMBER EXTRA			R/	TE	FEE	7	RATE	FEE		
BASIC FEE								345.00	OR		690.00		
T	OTAL CLAIMS		8 minus 20= • 69			XS	9=	<u> </u>	OR		124		
INI	DEPENDENT C	LAIMS	1-7 minus 3 = * / 4			X	9=		OR	X78=	1095		
MULTIPLE DEPENDENT CLAIM PRESENT									1		1		
* If the difference in column 1 is less than zero, enter "0" in column 2							30= TAL	 	OR		1302		
CLAIMS AS AMENDED - PART II							IAL	<u> </u>	Jou		TUAN		
	(Column 1) (Column 2) (Column 3)					SM	ALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FA	TE	ADDI- TIONAL FEE		PATE	ADDI- TIONA FEE		
	Total	. 8	Minus	. 89	=	X\$, Le		OR	X\$18=	1		
	independent	. 8	Minus	17	=	Х3	-	t		X78=			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					^3	,-	\	OR	7/0=	\		
						+13	0=		OR	+260=			
							FEE		OR	TOTAL ADDIT. FEE			
	,	(Column 1)		(Column 2)	(Column 3)				•				
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		X\$	9=		OR	X\$18=	, <u>, , , , .</u>		
	Independent	•	Minus	•••	=	X39	=		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	<u></u>		OR	+260=			
							TAL		ı l	TOTAL			
(Caluma 1) (Caluma 2) (2)									OR	ADDIT, FEE			
AMENDMENT C		(Column 1) CLAIMS	T	(Column 2) HIGHEST .	(Column 3)	_		1001					
	:	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••	-	X\$ 9)=	FEE	OR	X\$18=	FEE		
	Independent	•	Minus	•••	=	-	-						
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X39	-		OR	X78=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+260= TOTAL			
"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3." ADDIT. FEE													
	The "Highest Nurr	noer Previously Pa	id For (Total o	is space is less the r independent) is th	an J. enter "J." e highest number		_	ropriate box		ADOIT, FEE! umn 1.			

FORM PTO-875 (Rev. 12/99)